VISION PLAN - 2008

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co. 1-866-723-0513 Fax: 1-866-293-7373

www.enrollwitheyemed.com/access (prior to enrolling)

www.eyemedvisioncare.com (after enrolling)

Member/Retiree only Member/Retiree and spouse

Member/Retiree and children

Member/Retiree and family

Monthly and Per Paycheck Premiums

\$ 7.64/\$ 3.82 \$14.42/\$ 7.21 \$15.18/\$ 7.59 \$22.26/\$11.13

Reminder **Enrollment** is not automatic!

Coverage from an EyeMed Doctor Covered Services Out of Network Reimbursement Frequency

Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	125 allowance with $20%$ discount over 125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating Tint (solid and gradie Scratch Resistance (sta Polycarbonate Anti-Reflective Coatin Progressive Lens Other Add-ons and Se	nndard) ng (standard)	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay \$65 copay 20% off retail price	N/A N/A N/A N/A N/A N/A N/A
Contact Lenses (if used instead of gla	12 months	\$125 allowance	\$80 allowance
Medically Necessary C	· · · · · · · · · · · · · · · · · · ·	Paid in full	\$200 allowance

^{*}Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (such as cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other disease of the eye.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, retirees, legislators, COBRA members and their dependents are eligible for this optional benefit.

Using Your EyeMed Benefit

Quality vision care is important to your eve wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the on-line provider locator at www.enrollwithevemed.com/access for a listing of providers near your zip code.

Once enrolled, visit, www.eyemedvisioncare.com to view coverage and eligibility information.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or

promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EveMed Vision Care website, www.evemedvisioncare.com, or by calling the Customer Care Center. Forms may be filled in on-line, saved, attached to an e-mail and sent to oonclaims@eyemedvisioncare.com.
- 2) Make an appointment with an outof-network provider they trust as their choice vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

You may fax your claim form to the fax number above. For fastest processing of your claim, utilize the fax or e-mail opportunities.